

### MULTI-USER ELECTRIC BREAST PUMP LOG

Pump Tag Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Issued Date & Initials	Participant Name	Participant ID#	Confirmed Address Initials	Participant Phone #	Collection Kit Issued?	Returned Date & Initials	Cleaned Date & Initials
					Y / N		
					Y / N		
					Y / N		

**Comments (Date, Explanation & Initials**

☐ This pump taken out of service. Date, Reason & Initials: